

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29784

BIRTH NO. _____		REG. DIST. NO. 41		PRIMARY REG. DIST. NO. 3012 Registrar's No. 73	
I. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> c. LENGTH OF STAY (In this place) <u>30 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Liberty Street</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> d. STREET ADDRESS (If rural, give location) <u>South Liberty Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CALLA</u> b. (Middle) <u>G.</u> c. (Last) <u>DICKINSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2/2/82</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Mt. Vernon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John B. Stone</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary M. Haley</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Dickinson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Dickinson, Oak Grove, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chloroform Poisoning</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs, Clay, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 - 51 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pillow's chloroform over face</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. S. Pate (Coroner)</u>		23b. ADDRESS <u>M. D. 3 North Kansas City, Mo.</u>		23c. DATE SIGNED <u>8/15/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>CLAUDE PRICHETT</u>		24f. ADDRESS <u>EXCELSIOR SPRINGS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>8/16/51</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLAUDE PRICHETT</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.